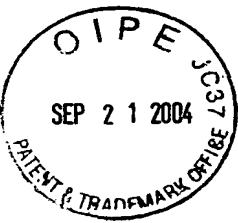
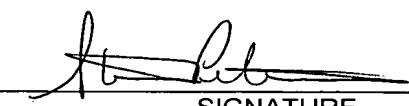


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) AM101604 CIP3 CON																									
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		In re Application of William R. Gamble, et al.																									
		Application No. 10/622,249	Filed July 18, 2003																								
		For: High Molecular Weight Primary Aliphatic Alcohols Obtained from Natural Products and Uses Thereof																									
		Art Unit 1621	Examiner Peter G. O'Sullivan																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ <u>110.00</u></td><td style="text-align: right;">\$ <u>55.00</u></td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ <u>420.00</u></td><td style="text-align: right;">\$ <u>210.00</u></td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ <u>950.00</u></td><td style="text-align: right;">\$ <u>475.00</u></td><td style="text-align: right;">\$ <u>950</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ <u>1,480.00</u></td><td style="text-align: right;">\$ <u>740.00</u></td><td style="text-align: right;">\$ <u>0</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ <u>2,010.00</u></td><td style="text-align: right;">\$ <u>1,005.00</u></td><td style="text-align: right;">\$ <u>0</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,238</u></p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>9/21/04</u> Date</p><p><u>720-406-5315</u> Telephone Number</p></div><div style="width: 45%; text-align: center;"><p> SIGNATURE</p><p>_____ Steven C. Petersen Typed or printed name</p></div></div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><input checked="" type="checkbox"/> Total of _____ one _____ forms are submitted.</p></div>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	\$ <u>55.00</u>	\$ <u>0</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>420.00</u>	\$ <u>210.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>950.00</u>	\$ <u>475.00</u>	\$ <u>950</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1,480.00</u>	\$ <u>740.00</u>	\$ <u>0</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2,010.00</u>	\$ <u>1,005.00</u>	\$ <u>0</u>
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